MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE W FORM PTO-875)

10/533403 APPLICANT(S)

FILING DATE

23 MAY 2005

CLA	MS
-----	----

	AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER		AFTER 2 MANENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.]		IND.	DEP.	IND.	DEP.	IND.	DEP.
1 2				-/			j	51						-
3				- / -				<u>52</u> 53						
4				<i>j</i>				54			· ·			
5								55						
6								56						
7 8		· · ·						57						
9				/				58						
10				/				59 60						
11								61		-				
12			/					62					F-1	2.0
13			/					63	No. No.					
14 15								64						
16								65 66						
17								67						
18							N	68						
19								69						
20						~		70	· · ·					
22				-/-				71 72						
23				- / 				73						
24				_/_				74						
25				_/_				75					-	
26		•						76						
27 28				/,				77 78						
29				/				79						
30								80	+					
31								81						
32					· · · · · · · · · ·			82						
33 34				-/-				83 84						
35				/				85						
36								86						
37								87						
38 39			-4				1	88						
40							1	89 90						
41							ł	91						
42								92						
43								93						
44					•		1	94						
46							ŀ	95 96						
47							ŀ	97						
48							I	98						
49							l	99						
50 OTAL IND.		1	3	且			ŀ	100 TOTAL IND.		<u>s</u>		1	.	
OTAL DEP		4	ĬŦ	4		4	ł	TOTAL DEP		_		_		42
TOTAL CLAIMS			20				Ì	TOTAL CLAIMS				35.84		
PTO - 1360	(REV. 11/04)						·			J.S. DEPART		MMERCE		